

AUG 08 2005

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TRANSMITTAL FORM	Application Number	10/632,780	
	Filing Date	August 1, 2003	
	First Named Inventor	M. Philipp	
	Art Unit	1845	
	Examiner Name	R. Zaman	
(to be used for all correspondence after initial filing)		Attorney Docket Number	TUL2BUSA
Total Number of Pages in This Submission		4	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____ <div style="text-align: center;">Customer No. 00270</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	HOWSON AND HOWSON		
Signature	<i>Mary E. Bak</i>		
Printed name	Mary E. Bak		
Date	<i>Aug 8, 2005</i>	Reg. No.	31,215

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature	<i>Krista M. Sharp</i>		
Typed or printed name	Krista M. Sharp	Date	August 8, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/632,780 Confirmation No.: 3659
Applicant : M. Philipp
Filed : August 1, 2003
TC/A.U. : 1645
Examiner : R. Zeman
Customer No. : 00270
Title : SURFACE ANTIGENS AND PROTEINS USEFUL IN
COMPOSITIONS FOR THE DIAGNOSIS AND PREVENTION OF
LYME DISEASE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

STATUS INQUIRY

More than twenty four (24) months have passed since Applicants filed and completed all formal requirements for the above-identified application.

Therefore, Applicants respectfully request a report on the present status of this application. Kindly check the appropriate box on the third page.

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Signature Krista M. Sharp
Name Krista Sharp

Please contact the undersigned by telephone at the number indicated below to discuss the status of this application or reply via telefacsimile.

Respectfully submitted,

HOWSON AND HOWSON
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STATUS INQUIRY REPLY

US Patent Application No. 10/632,780 is currently:

_____ Assigned to Group Art Unit 1645 and awaits:

_____ Action by the Examiner

_____ Applicant's Response to the Office Action mailed on

_____ Other _____